

IN THE DRAWINGS:

Please find appended to the end of this Response a Replacement Sheet 3/5 showing Figure 4. Replacement Figure 4 serves only to correct an arrow-positioning error in the previous flow chart. No new matter is added.

REMARKS

Claims 1-17 are pending.

In the Office Action dated January 20, 2012, the Examiner noted that a copy of a cited foreign patent document was not submitted with the information disclosure statement filed 08/04/2006, and thus fails to comply with 37 C.F.R. 1.98(a)(2). The Examiner also objected to the drawings showing Figure 4 and Figure 5.

Claims 1-13 were rejected under 35 U.S.C. §103(a) as being unpatentable over U.S. Patent 6,360,125 (Weil et al.) in view of U.S. Patent 6,178,357 (Gliner et al.). Claims 14-17 were rejected under 35 U.S.C. §103(a) as being unpatentable over Gliner et al. in view of Weil et al.

Applicant thanks the Examiner for his observations and recommendations regarding the drawings objections, as discussed in their teleconference on March 22, 2012.

IDS SUPPLEMENT

Applicant appreciates the Examiner bringing attention to the oversight in the submission of the Information Disclosure Statement, wherein a copy of the cited foreign patent, GB 2386071 (Herbert et al.), was mistakenly not provided. Applicant supplements the Information Disclosure Statement with this Response by including a copy of the referenced British patent. Applicant further submits that Herbert et al. is of no particular relevance to the claimed invention. Herbert et al. has nothing to do with the subject of each Claim in the Application, i.e. a training apparatus for use with a defibrillator.

OBJECTIONS TO THE DRAWINGS

AS per the March 22, 2012 teleconference between the Examiner and Applicant, a replacement drawing sheet 3/5 is submitted showing a corrected Figure 4. No changes to Figure 5 were deemed necessary. Applicant respectfully requests withdrawal of this objection.

35 U.S.C. §103(a) REJECTIONS

Claims 1-13 were rejected under 35 U.S.C. §103(a) as being unpatentable over Weil et al. in view of Gliner et al.

Claim 1 describes a training apparatus for use with an external defibrillator, the external defibrillator responsive to a first electrode and a second electrode, the training apparatus comprising a transparent layer having a first electrode attachment region defining an opening sized to receive the first electrode, a signal conductor disposed proximate the first electrode attachment region, the signal conductor having a transfer path, the transfer path operable to provide communication between the first electrode and the second electrode, when the first electrode and the second electrode are disposed on the training apparatus, and a two-dimensional representation of an anterior portion of a defibrillation subject, identifiable through the transparent layer, having the first electrode attachment region arranged thereon in a manner that defines a preferred placement area of the first electrode on the defibrillation subject.

The Claim 1 invention provides a simple, low-cost, and realistic training apparatus intended for use with an external defibrillator. The Claim 1 invention allows for verification of proper electrode placement during a training session. The training apparatus thus reduces the need for an expensive training mannequin. See Specification Para. [0006].

Weil et al. teach an electrically insulative sheet 32 for use with an automatic defibrillator during a cardiac rescue. The sheet protects the rescuer from high voltage shocks that are delivered by the defibrillator. Weil et al. Col.1 lns.33-42. The sheet includes electrodes attached to the victim-facing side and a slit 70 in the center of the sheet to enable easy access to the electrodes. Id. Col.3 lns.9-11 and Figure 1.

Gliner et al. teach a medical electrode system having two electrodes disposed at opposite ends of a flexible substrate. The electrodes are stored on a release placard which provides a visual indication for proper placement during use. Gliner et al. Col.2 lns.44-56, Figure 1 and Figure 7.

It is contended that Weil et al. teach each limitation of Claim 1, except for the transparent layer and two-dimensional representation limitations. But it is further contended that one of ordinary skill in the art would as likely as not select a transparent layer over the Weil et al. non-transparent layer. It is also contended that one of ordinary skill would combine the Gliner et al. two-dimensional representation with the Weil et al. sheet to insure that the electrodes are properly placed. Applicant respectfully traverses.

Weil et al. fail to disclose each of the three limitations of Claim 1. In addition to failing to disclose a transparent layer, as acknowledged by the Examiner, Weil et al. fail to disclose that the layer includes an electrode attachment region defining an opening sized to receive the first electrode. Weil et al. Figure 1 clearly shows that the electrode attachment regions, presumably underlying electrodes 24, 26, have no openings. Slit 72, the only opening described by Weil et al., is disposed away from both electrode attachment regions.

Weil et al. also fail to disclose a signal conductor having a transfer path operable to provide communication between electrodes when the electrodes are disposed on the apparatus. The Weil et al. sheet includes no conductive path at all. Applicant respectfully submits that the recited passage in Weil et al. Col.2 ln. 16-25, used to support the Examiner's contention, refers only to the wires 20,22 which connect each electrode 24,26 to the defibrillator. The Weil et al. wires provide no path between electrodes, nor do Weil et al. describe any other path which provides communication between electrodes.

It is acknowledged that Weil et al. fail to describe the two-dimensional representation limitation of Claim 1. But Gliner et al. do not remedy this deficiency of Weil et al. Gliner et al. fail to disclose any representation which is identifiable through a transparent layer. Gliner et al. at most disclose a printed releasing placard 100.

Nor do Gliner et al. disclose a representation on which an electrode attachment region with an opening is arranged. Gliner et al. merely show how its electrodes are stored on the release placard at appropriate positions respective to the printed representation. Gliner et al. Figure 7. The placard completely lacks any electrode attachment region that defines a preferred electrode placement area. For example, if the electrodes are not present on the Gliner et al. release placard, there is no indication whatsoever on the placard of an electrode attachment region. The representation shown is solely an anatomical illustration. In contrast, the Claim 1 invention requires that the representation limitation includes a preferred electrode placement area defined on it.

For at least these reasons, the Weil et al. and Gliner et al. references fail to disclose each limitation of Claim 1. Thus, the cited references cannot render Claim 1 obvious.

Applicant further submits that the Weil et al. and Gliner et al. combination fails to suggest the Claim 1 invention. Neither reference is concerned with defibrillator training. Neither reference pertains to a training apparatus. And neither reference contemplates whatsoever a training device to be used with a defibrillator, which conveys proper electrode placement information to the trainee by means of a signal conductor on the training device.

In contrast, the Claim 1 opening, transparent layer, and representation limitations all act together to provide the electrode placement information. There is thus no motivation whatsoever in

either of the Weil et al. or Gliner et al. references to add the lacking elements.

For this additional reason, the cited combination fails to suggest the Claim 1 invention. Claim 1 is thus allowable. Claims 2-13 are similarly allowable by reason of their dependency on Claim 1.

Claim 2 describes the Claim 1 invention, with the additional limitation of a second electrode attachment region defining an opening sized to receive the second electrode, wherein when the first electrode is arranged in the first electrode attachment region, and the second electrode is arranged in the second electrode attachment region, in such a manner that when the transfer path is operating, the external defibrillator is operable to detect a connection state between the first and second electrodes and the training apparatus.

Weil et al. and Gliner et al. are described above.

It is contended that the Weil et al. teach first and second openings for the first electrode 24 and the second electrode 26. It is also contended that the connection state limitation is inherent because without the connection between first and second electrodes and the training apparatus, the defibrillator will not function. Applicant respectfully traverses.

Weil et al. fail to disclose the second electrode attachment region of Claim 2 just like they fail to disclose the first electrode attachment region of Claim 1. Weil et al. show no opening at either electrode attachment region. Slit 72 is located away from either electrode.

Weil et al. also fail to disclose a transfer path that detects a connection state between first and second electrodes and the training apparatus. Weil et al. show no connection state between any of these elements. The only Weil et al. connections shown are those

between each respective electrode and the defibrillator 14 through electrode lead 20/22.

Furthermore, Weil et al. specifically teach away from an electrode connection state to a training apparatus. The sole stated purpose of sheet 32 is to protect a user who may be touching the sheet 32 from defibrillating currents generated by the electrodes. Under this stated purpose, one of ordinary skill would specifically avoid adding any conductive connection between the sheet and the electrode.

Gliner et al., for the same reasons presented above in Claim 1, fail to remedy the deficiencies of Weil et al. regarding Claim 2. Gliner et al. fail to disclose or suggest a transfer path by which a defibrillator can detect a connection state between the first and second electrodes and the training apparatus.

For these additional reasons, Claim 2 cannot be rendered obvious by the combination of Weil et al. and Gliner et al. Claim 2 is allowable.

Claims 14-17 were rejected under 35 U.S.C. §103(a) as being unpatentable over Gliner et al. in view of Weil et al.

Claim 14 describes defibrillator training apparatus comprising a substantially flat flexible sheet with two sides, an illustration of a human body on one side of said sheet, a depiction of a proper first defibrillator electrode position on said illustration, and an electrically conductive path between said depiction and a second depiction of a second defibrillator electrode position on said sheet.

Gliner et al. and Weil et al. are described above.

It is contended that Gliner et al. teach each Claim 14 limitation except for the electrically conductive path between two depictions of defibrillator electrodes on the sheet. It is contended that Weil et al. are properly combinable with Gliner et

al., where Weil et al. disclose the electrically conductive path and therefore remedy the deficiency. Applicant respectfully traverses.

As presented in support of patentability of Claims 1 and 2 above, neither Weil et al. nor Gliner et al. disclose or suggest a conductive path between two electrode depictions, nor any conductive path disposed on a sheet of a defibrillator training apparatus. Lacking the electrically conductive path limitation, the combination cannot render Claim 14 obvious. Claim 14 is thus allowable.

Claims 15-17 are similarly allowable by reason of their dependency on allowable Claim 14.

CONCLUSION

All Claims 1-17 being shown allowable, Applicant respectfully requests reconsideration and allowance of all Claims at the earliest opportunity.

Respectfully submitted,

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